



Court Services and Offender Supervision Agency for the District of Columbia

Consent for Disclosure of Records Protected under the Privacy Act

If you are providing consent and authorizing the agency to disclose your records to another person or entity, please provide the information below. *[This form may also be used if you are the parent consenting to and authorizing disclosure of the records of a minor or the legal guardian consenting to and authorizing disclosure of the records of an incompetent.]*

Information Required for Identity-Proofing and Authentication

This information is required for Court Services and Offender Supervision Agency (CSOSA) to verify your identity.

Full Name	
Date of Birth	
PDID Number	
DCDC Number	

If Applicable: Information for Request by Parent or Legal Guardian¹

Full Name of Subject of the Record	
Information Required to Establish Relationship/Guardianship	

¹ As defined in 5 U.S.C. § 552a(h) and in accordance with agency policy and regulations implementing § 552a(h). For the purposes of this section, the parent of any minor, or the legal guardian of any individual who has been declared to be incompetent due to physical or mental incapacity or age by a court of competent jurisdiction, may act on behalf of the individual.

Additional Information Required to Locate the Record(s)

This information is required for the agency to be able to match the individual's information provided in this request with the records that pertain to that individual.

Date of Birth	
PDID Number	
DCDC Number	

Description of Requested Records

Describe what information is requested:

Contact Information**Address for Receiving Records**

Mailing Address	
City	
State/Province	
Postal Code	
Country	
Phone	
Email	

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above and requesting access to my records [, or records that I am entitled to request as the parent of a minor or the legal guardian of an incompetent], and I understand that any falsification of this

statement is punishable under the provisions of 18 U.S.C. § 1001 by a fine, imprisonment of not more than five years, or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. § 552a(i)(3) by a fine of not more than \$5,000.

Electronic Signature and Date

Privacy Act Statement

In accordance with [the agency's Privacy Act implementation rules] personal information sufficient to identify the individuals requesting access to records under the Privacy Act of 1974, 5 U.S.C. § 552a, is required. The purpose of this solicitation is to ensure that the records of individuals who are the subject of CSOSA's systems of records are not wrongfully disclosed by CSOSA. [Information about published routine uses to which the information is subject.] Requests will not be processed if this information is not furnished. False information on this form may subject the requester to criminal penalties under 18 U.S.C. § 1001 and/or 5 U.S.C. § 552a(i)(3). 28 C.F.R. Part 802.11, Subpart C, Privacy Act, <https://www.csosa.gov/wp-content/uploads/bsk-pdf-manager/2020/03/Privacy-Act-Statement.pdf>. <https://www.csosa.gov/privacy-policy/>